

**Fill in this information to identify your case:**

United States Bankruptcy Court for the:

DISTRICT OF OREGON

Case number *(if known)*Chapter **11**☐ Check if this an amended filing

## Official Form 201

**Voluntary Petition for Non-Individuals Filing for Bankruptcy**

06/24

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name **DVKOCR Tigard, LLC**

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and *doing business as* names

**DBA Hampton Inn & Suites Tigard**3. Debtor's federal Employer Identification Number (EIN) **83-1276798**

4. Debtor's address

Principal place of business

Mailing address, if different from principal place of business

**11799 SW 69th Ave  
Portland, OR 97223**

Number, Street, City, State &amp; ZIP Code

**12330 SE 5th Street, 3rd Fl  
Vancouver, WA 98683**

P.O. Box, Number, Street, City, State &amp; ZIP Code

**Washington**  
County

Location of principal assets, if different from principal place of business

Number, Street, City, State &amp; ZIP Code

5. Debtor's website (URL)

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))☐ Partnership (excluding LLP)☐ Other. Specify:

Debtor **DVKOCR Tigard, LLC**  
Name

Case number (if known)

**7. Describe debtor's business****A. Check one:**

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☒ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☐ None of the above

**B. Check all that apply**

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

**C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.**

\_\_\_\_\_

**8. Under which chapter of the Bankruptcy Code is the debtor filing?****Check one:**

- ☐ Chapter 7
- ☐ Chapter 9

☒ Chapter 11. **Check all that apply:**

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725 (amount subject to adjustment on 4/01/25 and every 3 years after that).
- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and it chooses to proceed under Subchapter V of Chapter 11.
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

- ☒ No.
- ☐ Yes.

If more than 2 cases, attach a separate list.

District _____	When _____	Case number _____
District _____	When _____	Case number _____

**10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?**

- ☐ No
- ☒ Yes.

Debtor **DVKOCR Tigard, LLC**  
Name

Case number (if known)

List all cases. If more than 1,  
attach a separate listDebtor **Sherwood Hospitality Group, LLC**

Relationship

**Affiliate**District **District of Oregon**When **2/17/25**

Case number, if known

**25-30484-pcm1**  
**1****11. Why is the case filed in this district?***Check all that apply:*

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

**12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?**☒ No☐ Yes.

Answer below for each property that needs immediate attention. Attach additional sheets if needed.

**Why does the property need immediate attention? (Check all that apply.)**☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? \_\_\_\_\_

☐ It needs to be physically secured or protected from the weather.☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).☐ Other \_\_\_\_\_**Where is the property?**

Number, Street, City, State &amp; ZIP Code \_\_\_\_\_

**Is the property insured?**☐ No☐ Yes. Insurance agency \_\_\_\_\_

Contact name \_\_\_\_\_

Phone \_\_\_\_\_

**Statistical and administrative information****13. Debtor's estimation of available funds***Check one:*

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

**14. Estimated number of creditors**☒ 1-49☐ 50-99☐ 100-199☐ 200-999☐ 1,000-5,000☐ 5001-10,000☐ 10,001-25,000☐ 25,001-50,000☐ 50,001-100,000☐ More than 100,000**15. Estimated Assets**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☐ \$1,000,001 - \$10 million☒ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion**16. Estimated liabilities**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☐ \$1,000,001 - \$10 million☒ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion

Debtor **DVKOCR Tigard, LLC**  
Name

Case number (if known)

**Request for Relief, Declaration, and Signatures**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature  
of authorized  
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 2/17/2025  
MM / DD / YYYY

**X /s/ Alkesh R. Patel**  
Signature of authorized representative of debtor  
  
Title Manager of DVKOCR, LLC

**Alkesh R. Patel**  
Printed name

**18. Signature of attorney**

**X /s/ Douglas R. Ricks**  
Signature of attorney for debtor

Date 2/17/2025  
MM / DD / YYYY

**Douglas R. Ricks**  
Printed name

**Sussman Shank LLP**  
Firm name

**1000 SW Broadway  
Suite 1400  
Portland, OR 97205**  
Number, Street, City, State & ZIP Code

Contact phone 503-227-1111Email address dricks@sussmanshank.com

**044026 OR**  
Bar number and State

B2030 (Form 2030) (12/15)

**United States Bankruptcy Court**  
**District of Oregon**

In re **DVKOCR Tigard, LLC**

Debtor(s)

Case No.

Chapter

**11**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:
- |   |    |                         |
|---|----|-------------------------|
| For legal services, I have agreed to accept .....           | \$ | <u><b>Hourly</b></u>    |
| Prior to the filing of this statement I have received ..... | \$ | <u><b>60,000.00</b></u> |
| Balance Due .....   | \$ | <u><b>Unknown</b></u>   |
2. The source of the compensation paid to me was:
- ☐ Debtor ☒ Other (specify): Devang Patel
3. The source of compensation to be paid to me is:
- ☒ Debtor ☐ Other (specify):
4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
- ☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
  - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
  - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
  - d. [Other provisions as needed]
- \*Debtor has agreed to pay an hourly rate for all pre and post-petition services. Pre-petition services are \$13,430.00 (subject to review) and inclusive of filing fee of \$1,738.00. \$46,570.00 remains in trust account.**
6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:
- None**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**February 17, 2025**

*Date*

**/s/ Douglas R. Ricks**

**Douglas R. Ricks**

*Signature of Attorney*

**Sussman Shank LLP**

**1000 SW Broadway, Ste 1400**

**Portland, OR 97205**

**503-227-1111**

**dricks@sussmanshank.com**

*Name of law firm*

**Fill in this information to identify the case:**

Debtor name **DVKOCR Tigard, LLC**  
 United States Bankruptcy Court for the: **DISTRICT OF OREGON**  
 Case number (if known): \_\_\_\_\_

☐ Check if this is an  
 amended filing

**Official Form 204****Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders****12/15**

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
<b>Carver &amp; Assoc</b> 4177 Northeast Expressway Atlanta, GA 30340	<b>Angie Alberts</b>  aalbert@carverassoc.com 678-672-4719					<b>\$520,589.71</b>
<b>Ascentium Pawnee</b> 23970 Highway 59N Kingwood, TX 77339	<b>Customer Service</b>  Service@AscentiumCapital.com 800-864-4266	<b>Loan</b>				<b>\$336,314.06</b>
<b>Sagar/Omkar</b> 2015 2nd Ave. Unit 2609 Seattle, WA 98121	<b>Omkar Kasinadhuni</b>  617-480-5407	<b>Loan</b>				<b>\$113,326.78</b>
<b>Lileni Lopez</b> 15820 SE Alder St. Portland, OR 97233	<b>Lileni Lope</b>  unknown 503-894-0949	<b>Loan</b>				<b>\$50,000.00</b>
<b>Hilton Franchise</b> 4649 Paysphere CIR Chicago, IL 60674	<b>Corporate Communications</b>  hiltonpr@hilton.com 888-446-6677					<b>\$42,316.85</b>
<b>Washington County</b> 155 N 1ST AVE STE 130 MS8 Hillsboro, OR 97154	<b>Customer Service</b>  at@washingtoncountyor.gov 503-846-8801					<b>\$27,042.33</b>
<b>Hallmark Financial Service</b> P.O. BOX 610091 Dallas, TX 75261-0091	<b>Customer Service</b>  claims@hallmarkgrp.com 817-348-1600					<b>\$6,420.27</b>

Debtor **DVKOCR Tigard, LLC**

Case number (if known)

Name

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
<b>City Of Tigard</b> 13125 SW Hall BLVD Tigard, OR 97223	<b>Darren Black</b>  Fax 503-684-8840 503-718-2574					<b>\$5,350.34</b>
<b>Hd Supply Facilities Maintenance</b> PO BOX 509058 San Diego, CA 92150-9058	<b>Customer Care Dept</b>  customercare@hdsupply.com 888.363.0357					<b>\$3,728.68</b>
<b>Tualatin Valley Water District</b> 1850 SW 170TH AVE Beaverton, OR 97003	<b>Carissa Sosa</b>  carissa.sosa@tvwd.org 503-848-3000					<b>\$3,571.33</b>
<b>Sysco Portland Inc</b> PO BOX 2210 Wilsonville, OR 97070	<b>Customer Service</b>  None available 503-682-8700					<b>\$2,771.98</b>
<b>Pride Disposal Company</b> P.O. BOX 820 Sherwood, OR 97140	<b>Customer Service</b>  None 503-625-6177					<b>\$1,292.94</b>
<b>Quore Llc</b> PO BOX 6843 Carol Stream, IL 60197-6843	<b>General Inquiries</b>  Support@quore.com 877-974-9774					<b>\$229.50</b>

**Fill in this information to identify the case:**Debtor name DVKOCR Tigard, LLCUnited States Bankruptcy Court for the: DISTRICT OF OREGON

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 2/17/2025**X /s/ Alkesh R. Patel**

Signature of individual signing on behalf of debtor

**Alkesh R. Patel**

Printed name

**Manager of DVKOCR, LLC**

Position or relationship to debtor



Douglas R. Ricks, OSB No. 044026  
 SUSSMAN SHANK LLP  
 1000 SW Broadway, Suite 1400  
 Portland, OR 97205-3089  
 Telephone: (503) 227-1111  
 Facsimile: (503) 248-0130  
 E-Mail: dricks@sussmanshank.com

Of Attorneys for Debtor-in-Possession

IN THE UNITED STATES BANKRUPTCY COURT  
 DISTRICT OF OREGON

In re	)	Case No.
	)	
DVKOCR Tigard, LLC	)	CERTIFICATE OF SERVICE
	)	RE U.S. TRUSTEE
	)	
Debtor-in-Possession	)	

I hereby certify that on February 17, 2025, I prepared a copy of the List of Creditors Holding 20 Largest Unsecured Claims and have carefully compared the same with the original thereof and it is a correct copy therefrom and of the whole thereof. I further certify that this office prepared mailing labels addressed to Debtor, Debtor's Attorney and each contact person for each creditor listed in the List of Creditors Holding 20 Largest Unsecured Claims.

I hereby certify that I served the above on the U.S. Trustee, 1220 SW 3rd Ave., Room 315 Portland, OR 97204 by mailing a copy of the above-named document and labels to the U.S. Trustee in a sealed envelope, address to the U.S. Trustee's last known address. Said envelope was deposited in the Post Office at Portland, Oregon on the date below, postage prepaid.

Dated: February 17, 2025

Respectfully Submitted;

SUSSMAN SHANK LLP

By /s/ Douglas R. Ricks  
 Douglas R. Ricks, OSB No. 044026  
 Attorneys for Debtor-in-Possession